

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
FOR FY 2005**

AUG 26 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$2,950.00)

Complete if Known	
Application Number	10/023,337
Filing Date	December 17, 2001
First Named Inventor	Todd J. Vision
Examiner Name	J.A. Goldberg
Art Unit	1634
Attorney Docket No.	19603/4040 (CRF D-2630)

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple document claims

360 180

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

42 - 42 or HP = 0 x _____ = _____

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims Fee (\$) Fee Paid (\$)

2 - 3 or HP = 0 x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

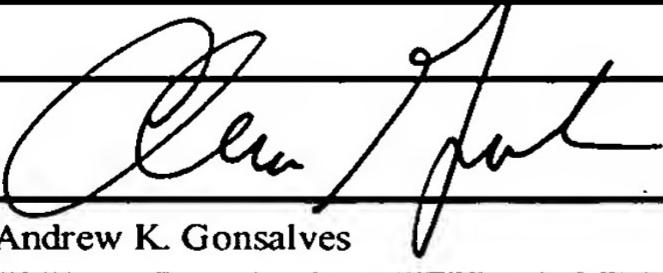
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE Fee Under 37 CFR § 1.17(e) (\$790.00) and Five-Month Extension of Time Fee Under 37 CFR §§ 1.136 and 1.17 (\$2,160.00) \$2,950.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,145	Telephone (585) 263-1658
Name (Print/Type)	Andrew K. Gonsalves		Date	August 24, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 24, 2005

Signature: Jo Ann Whalen

Name: Jo Ann Whalen

SEND TO: Commissioner for Patents
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